

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 097743589 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	INC.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1									
2		1		1								
3		2		1								
4		①		1								
5		①		1								
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TOTAL IND.	1		1									
TOTAL DEP.	10		9									
TOTAL CLAIMS	11		10									
51												
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PTO-1359 (3-78)